State of California
Governor's Office of Criminal Justice Planning

FORENSIC MEDICAL REPORT: ACUTE (<72 HOURS) ADULT/ADOLESCENT SEXUAL ASSAULT EXAMINATION

OCJP 923

For more information or assistance in completing the OCJP 923 please contact
University of California, Davis California Medical Training Center at:
(916) 734-4141

This form is available on the following Web site:
www.ocjp.ca.gov

FORENSIC MEDICAL REPORT: ACUTE (<72 HOURS)
ADULT/ADOLESCENT SEXUAL ASSAULT EXAMINATION

STATE OF CALIFORNIA
OFFICE OF CRIMINAL JUSTICE PLANNING

OCJP 923

Confidential Document

Patient Identification

A. GENERAL INFORMATION (print or type)

Name of Medical Facility:

1. Name of patient

Patient ID number

2. Address | **City** | **County** | **State** | **Telephone (W) (H)**

3. Age	DOB	Gender M F	Ethnicity	Arrival Date	Arrival Time	Discharge Date	Discharge Time

B. REPORTING AND AUTHORIZATION

Jurisdiction (☐city ☐county ☐other):

1. Telephone report made to law enforcement agency

Name of Officer | **Agency** | **ID Number** | **Telephone**

Reported by: **Name** | **Date** | **Time**

2. Responding Officer | **Agency** | **ID Number** | **Telephone**

3. I request a forensic medical examination for suspected sexual assault at public expense.

Law enforcement officer | **ID number** | **Agency**

Telephone Authorization
Agency:
Authorizing party:
ID number:
Date/time:

Telephone | **Date** | **Time** | **Case Number**

C. PATIENT INFORMATION

- I understand that hospitals and health care professionals are required by Penal Code Sections 11160-11161 to report to law enforcement authorities cases in which medical care is sought when injuries have been inflicted upon any person in violation of any state penal law. The report must state the name of the injured person, current whereabouts, and the type and extent of injuries. _____ (Initial)

- I have been informed that victims of crime are eligible to submit crime victim compensation claims to the State Victims of Crime (VOC) Restitution Fund for out-of-pocket medical expenses, psychological counseling, loss of wages, and job retraining and rehabilitation. _____ (Initial)

D. PATIENT CONSENT

Minors: Family Code Section 6927 permits minors (12 to 17 years of age) to consent to medical examination, treatment, and evidence collection for sexual assault without parental consent. See instructions for parental notification requirements for minors.

- I understand that a forensic medical examination for evidence of sexual assault at public expense can, with my consent, be conducted by a health care professional to discover and preserve evidence of the assault. If conducted, the report of the examination and any evidence obtained will be released to law enforcement authorities. I understand that the examination may include the collection of reference specimens at the time of the examination or at a later date. I understand that I may withdraw consent at any time for any portion of the examination. _____ (Initial)

- I understand that collection of evidence may include photographing injuries and that these photographs may include the genital area. _____ (Initial)

- I hereby consent to a forensic medical examination for evidence of sexual assault. _____ (Initial)

- I understand that data without patient identity may be collected from this report for health and forensic purposes and provided to health authorities and other qualified persons with a valid educational or scientific interest for demographic and/or epidemiological studies. _____ (Initial)

Signature _____ ☐ Patient ☐ Parent ☐ Guardian

DISTRIBUTION OF OCJP 923

☐ Original - Law Enforcement ☐ Copy within evidence kit - Crime Lab ☐ Copy - Child Protective Services (if patient is a minor) ☐ Copy - Medical Facility Records

E. PATIENT HISTORY

1. Name of person providing history:	Relationship to patient:	Date	Time

2. Pertinent medical history:

- Last menstrual period

  _____

- Any recent (60 days) anal-genital injuries, surgeries, diagnostic procedures, or medical treatment that may affect the interpretation of current physical findings? ☐ No ☐ Yes
  If yes, describe:

  _____

  _____

- Any other pertinent medical condition(s) that may affect the interpretation of current physical findings? ☐ No ☐ Yes
  If yes, describe:

  _____

  _____

- Any pre-existing physical injuries? ☐ No ☐ Yes
  If yes, describe:

  _____

3. Pertinent pre- and post-assault related history:

	No	Yes	Unsure
• Other intercourse within past 5 days?	☐	☐	
If yes,			
anal (within past 5 days)? When _____	☐	☐	
vaginal (within past 5 days)? When _____	☐	☐	
oral (within past 24 hours)? When _____	☐	☐	
If yes, did ejaculation occur?	☐	☐	☐
If yes, where? _____			
If yes, was a condom used?	☐	☐	☐
• Any voluntary alcohol use within 12 hours prior to assault?	☐	☐*	
• Any voluntary drug use within 96 hours prior to assault ?	☐	☐*	
• Any voluntary drug or alcohol use between the time of the assault and the forensic exam?	☐	☐*	

* If yes, collection of toxicology samples is recommended according to local policy. ☐ Blood ☐ Urine

4. Post-assault hygiene/activity: ☐ **Not applicable if over 72 hours**

	No	Yes
Urinated	☐	☐
Defecated	☐	☐
Genital or body wipes	☐	☐
If yes, describe: _____		
Douched	☐	☐
If yes, with what _____		
Removed/inserted tampon☐ diaphragm☐	☐	☐
Oral gargle/rinse	☐	☐
Bath/shower/wash	☐	☐
Brushed teeth	☐	☐
Ate or drank	☐	☐
Changed clothing	☐	☐
If yes, describe: _____		

5. Assault-related history:

	No	Yes
Loss of memory? If yes, describe:	☐	☐*
Lapse of consciousness? If yes, describe:	☐	☐*

*If yes, collection of toxicology samples is recommended according to local policy. ☐Blood ☐Urine

Vomited? If yes, describe:	☐	☐
Non-genital injury, pain and/or bleeding? If yes, describe:	☐	☐
Anal-genital injury, pain, and/or bleeding? If yes, describe:	☐	☐

Patient Identification

F. ASSAULT HISTORY

1. Date of assault(s):	Time of assault(s):

2. Pertinent physical surroundings of assault(s):

3. Alleged assailant(s) name(s)	Age	Gender	Ethnicity	Relationship to patient	
				Known	Unknown
#1.		M F			
#2.		M F			
#3.		M F			
#4.		M F			

4. Methods employed by assailant(s):

	No	Yes	If yes, describe:
Weapons	☐	☐	
Threatened?	☐	☐	
Injuries inflicted?	☐	☐	
Type(s) of weapons?	☐	☐	
Physical blows	☐	☐	
Grabbing/holding/pinching	☐	☐	
Physical restraints	☐	☐	
Choking/strangulation	☐	☐	
Burns (thermal and/or chemical)	☐	☐	
Threat(s) of harm	☐	☐	
Target(s) of threat(s)	☐	☐	
Other methods	☐	☐	

Involuntary ingestion of alcohol/drugs ☐ No ☐ Yes ☐ Unsure

If yes, ☐ Alcohol ☐ Drugs

If yes, ☐ Forced ☐ Coerced ☐ Suspected

If yes, toxicology samples collected: ☐ Blood ☐ Urine ☐ None

5. Injuries inflicted upon the assailant(s) during assault? ☐ No ☐ Yes
If yes, describe injuries, possible locations on the body, and how they were inflicted.

_____

_____

G. ACTS DESCRIBED BY PATIENT

- **Any penetration of the genital or anal opening, however slight, constitutes the act.**
- **Oral copulation requires only contact**
- **If more than one assailant, identify by number.**

Patient Identification

1. Penetration of vagina by:

	No	Yes	Attempted	Unsure
Penis	☐	☐	☐	☐
Finger	☐	☐	☐	☐
Object	☐	☐	☐	☐

If yes, describe the object:

Describe: _____

2. Penetration of anus by:

	No	Yes	Attempted	Unsure
Penis	☐	☐	☐	☐
Finger	☐	☐	☐	☐
Object	☐	☐	☐	☐

If yes, describe the object:

Describe: _____

3. Oral copulation of genitals:

	No	Yes	Attempted	Unsure
Of patient by assailant	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐

Describe: _____

4. Oral copulation of anus:

	No	Yes	Attempted	Unsure
Of patient by assailant	☐	☐	☐	☐
Of assailant by patient	☐	☐	☐	☐

Describe: _____

5. Non-genital act(s):

	No	Yes	Attempted	Unsure
Licking	☐	☐	☐	☐
Kissing	☐	☐	☐	☐
Suction injury	☐	☐	☐	☐
Biting	☐	☐	☐	☐

Describe: _____

6. Other act(s):

No	Yes	Attempted	Unsure
☐	☐	☐	☐

Describe: _____

7. Did ejaculation occur?

No	Yes	Unsure
☐	☐	☐

Describe: _____

If yes, note location(s):

- ☐ Mouth
- ☐ Vagina
- ☐ Anus/Rectum
- ☐ Body surface
- ☐ On clothing
- ☐ On bedding
- ☐ Other

8. Contraceptive or lubricant products:

	No	Yes	Unsure
Foam used?	☐	☐	☐
Jelly used?	☐	☐	☐
Lubricant used?	☐	☐	☐
Condom used?	☐	☐	☐

Describe Type/Brand, if known: _____

H. GENERAL PHYSICAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Blood Pressure	Pulse	Resp	Temp	2. Exam Started		Exam Completed	
				Date	Time	Date	Time

3. Describe general physical appearance	4. Describe general demeanor

Patient Identification

5. Describe condition of clothing upon arrival.

6. Collect outer and underclothing if indicated. ☐ Not indicated

7. Conduct a physical examination. ☐ Findings ☐ No Findings

8. Collect dried and moist secretions, stains, and foreign materials from the body. Scan the entire body with a Wood's Lamp.
☐ Findings ☐ No Findings

9. Collect fingernail scrapings or cuttings according to local policy.

Diagram A

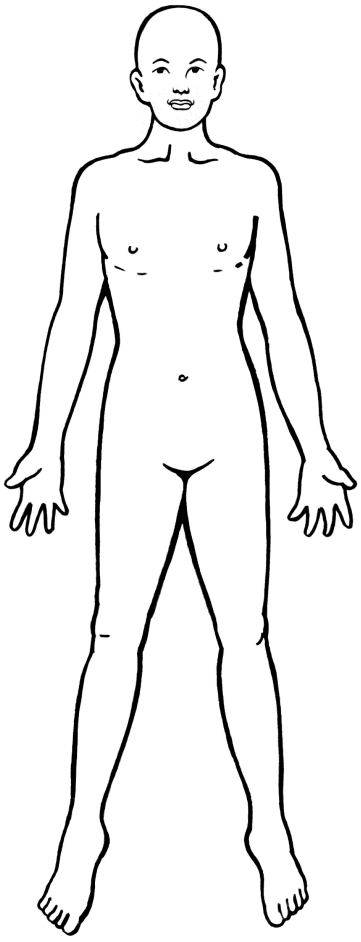
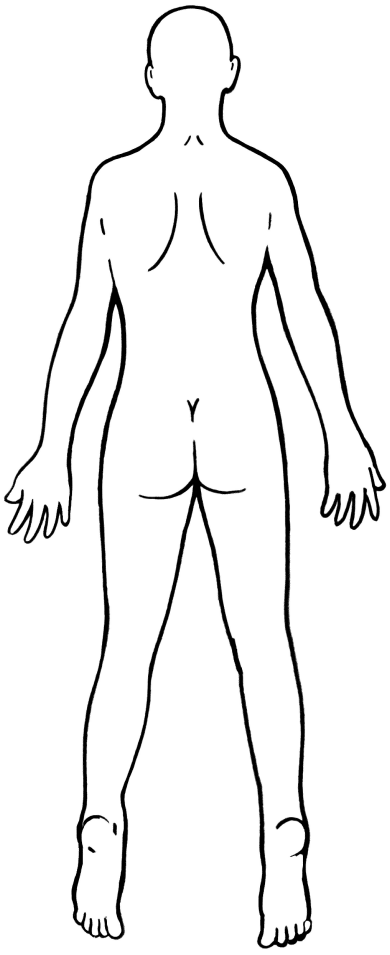


Diagram B



LEGEND: Types of Findings

AB	Abrasion	**DF**	Deformity	**FB**	Foreign Body	**MS**	Moist Secretion	**PE**	Petechiae	**TB**	Toluidine Blue ⊕
BI	Bite	**DS**	Dry Secretion	**IN**	Induration	**OF**	Other Foreign Materials (describe)	**PS**	Potential Saliva	**TE**	Tenderness
BU	Burn	**EC**	Ecchymosis (bruise)	**IW**	Incised Wound			**SHX**	Sample Per History	**V/S**	Vegetation/Soil
CS	Control Swab	**ER**	Erythema (redness)	**LA**	Laceration	**OI**	Other Injury (describe)	**SI**	Suction Injury	**WL**	Wood's Lamp ⊕
DE	Debris	**F/H**	Fiber/Hair					**SW**	Swelling		

Locator #	Type	Description	Locator #	Type	Description

RECORD ALL CLOTHING AND SPECIMENS COLLECTED ON PAGE 8

I. HEAD, NECK, AND ORAL EXAMINATION

Record all findings using diagrams, legend, and a consecutive numbering system.

1. **Examine the face, head, hair, scalp, and neck for injury and foreign materials** ☐ Findings ☐ No Findings
2. **Collect dried and moist secretions, stains, and foreign materials from the face, head, hair, scalp, and neck.** ☐ Findings ☐ No Findings
3. **Examine the oral cavity for injury and foreign materials (if indicated by assault history). Collect foreign materials.** **Exam done:** ☐ Not applicable ☐ Yes ☐ Findings ☐ No Findings
4. **Collect 2 swabs from the oral cavity up to 12 hours post assault and prepare one dry mount slide from one of the swabs.**
5. **Collect head hair reference samples according to local policy.**

Patient Identification

Diagram C

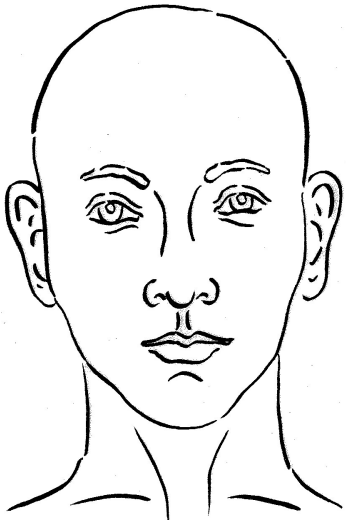


Diagram D

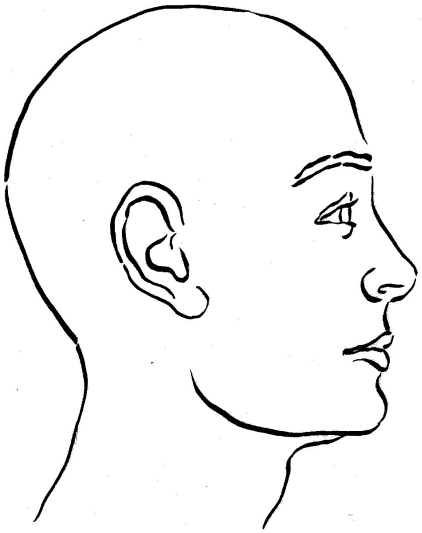


Diagram E

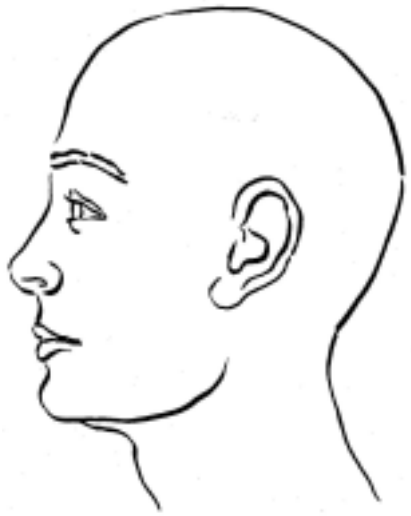
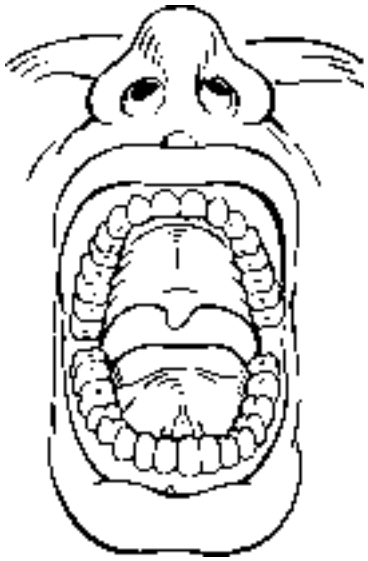


Diagram F



LEGEND: Types of Findings

AB	Abrasion	**DF**	Deformity	**FB**	Foreign Body	**MS**	Moist Secretion	**PE**	Petechiae	**TB**	Toluidine Blue ⊕
BI	Bite	**DS**	Dry Secretion	**IN**	Induration	**OF**	Other Foreign	PS	Potential Saliva	**TE**	Tenderness
BU	Burn	**EC**	Ecchymosis (bruise)	**IW**	Incised Wound		Materials (describe)	**SHX**	Sample Per History	**V/S**	Vegetation/Soil
CS	Control Swab	**ER**	Erythema (redness)	**LA**	Laceration	**OI**	Other Injury (describe)	**SI**	Suction Injury	**WL**	Wood's Lamp ⊕
DE	Debris	**F/H**	Fiber/Hair					**SW**	Swelling		

Locator #	Type	Description	Locator #	Type	Description

RECORD ALL SPECIMENS COLLECTED ON PAGE 8

J. GENITAL EXAMINATION - FEMALES

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine the inner thighs, external genitalia, and perineal area. Check the box(es) if there are assault related findings:

☐ No Findings

☐ Inner thighs
☐ Perineum
☐ Labia majora
☐ Labia minora
☐ Clitoris/surrounding area
☐ Periurethral tissue/urethral meatus
☐ Perihymenal tissue (vestibule)
☐ Hymen
☐ Fossa navicularis
☐ Posterior fourchette

2. Collect dried and moist secretions, stains, and foreign materials. Scan the area with a Wood's Lamp. ☐ Findings ☐ No Findings

3. Collect pubic hair combing or brushing.

4. Collect pubic hair reference samples according to local policy.

5. Examine the vagina and cervix. Check the box(es) if there are assault related findings.

☐ No Findings ☐ Vagina ☐ Cervix

6. Collect 4 swabs from the vaginal pool. Prepare one wet mount slide and one dry mount slide.

7. Collect 2 cervical swabs (if over 48 hours post assault).

8. Examine the buttocks, anus, and rectum (if indicated by history).
Exam done: ☐ **Yes** ☐ **Not applicable**
Check the box(es) if there are assault related findings:

☐ No Findings

☐ Buttocks ☐ Anal verge/folds/rugae
☐ Perianal skin ☐ Rectum

9. Collect dried and moist secretions, stains, and foreign materials.
☐ Findings ☐ No Findings

10. Collect 2 anal and/or rectal swabs and prepare one dry mount slide.

11. Conduct an anoscopic exam if rectal injury is suspected or if there is any sign of rectal bleeding.
Rectal bleeding ☐ No ☐ Yes
If yes, describe:_____

12. Exam position used:
☐ Supine ☐ Other Describe:

LEGEND: Types of Findings

AB Abrasion	**EC** Ecchymosis (bruise)	**MS** Moist Secretion	**SI** Suction Injury
BI Bite	**ER** Erythema (redness)	**OF** Other Foreign	**SW** Swelling
BU Burn	**F/H** Fiber/Hair	Materials (describe)	**TB** ToluidineBlue⊕
CS Control Swab	**FB** Foreign Body	**OI** Other Injury (describe)	**TE** Tenderness
DE Debris	**IN** Induration	**PE** Petechiae	**V/S** Vegetation/Soil
DF Deformity	**IW** Incised Wound	**PS** Potential Saliva	**WL** Wood's Lamp⊕
DS Dry Secretion	**LA** Laceration	**SHX** Sample Per History	

Locator #	Type	Description

Patient Identification

Diagram G

Diagram H

Diagram I

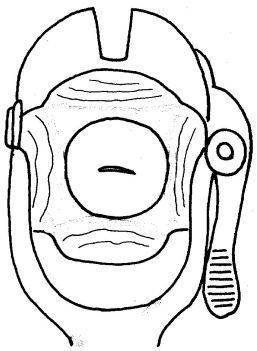
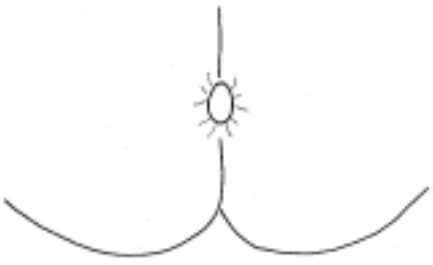


Diagram J



RECORD ALL SPECIMENS COLLECTED ON PAGE 8

K. GENITAL EXAMINATION – MALES

Record all findings using diagrams, legend, and a consecutive numbering system.

1. Examine the inner thighs, external genitalia, and perineal area. Check the box(es) if there are assault related findings:

☐ No Findings

☐ Inner thighs ☐ Glans penis ☐ Scrotum
☐ Perineum ☐ Penile shaft ☐ Testes
☐ Foreskin ☐ Urethral meatus

2. Circumcised: ☐ No ☐ Yes

3. Collect dried and moist secretions, stains, and foreign materials. Scan the area with a Wood's Lamp. ☐ Findings ☐ No Findings

4. Collect pubic hair combing or brushing.

5. Collect pubic hair reference samples according to local policy.

6. Collect 2 penile swabs, if indicated by assault history. ☐ N/A

7. Collect 2 scrotal swabs, if indicated by assault history. ☐ N/A

8. Examine the buttocks, anus, and rectum (if indicated by history)
Exam done: ☐ **Yes** ☐ **Not applicable**
Check the box(es) if there are assault related findings:

☐ No Findings

☐ Buttocks ☐ Anal verge/folds/rugae
☐ Perianal skin ☐ Rectum

9. Collect dried and moist secretions, stains, and foreign materials.
☐ Findings ☐ No Findings

10. Collect 2 anal and/or rectal swabs and prepare one dry mount slide.

11. Conduct an anoscopic exam if rectal injury is suspected or if there is any sign of rectal bleeding.
Rectal bleeding: ☐ No ☐ Yes
If yes, describe: _____

12. Exam position used:
☐ Supine ☐ Other Describe:

LEGEND: Types of Findings

AB Abrasion	**EC** Ecchymosis (bruise)	**MS** Moist Secretion	**SI** Suction Injury
BI Bite	**ER** Erythema (redness)	**OF** Other Foreign	**SW** Swelling
BU Burn	**F/H** Fiber/Hair	Materials (describe)	**TB** ToluidineBlue⊕
CS Control Swab	**FB** Foreign Body	**OI** Other Injury (describe)	**TE** Tenderness
DE Debris	**IN** Induration	**PE** Petechiae	**V/S** Vegetation/Soil
DF Deformity	**IW** Incised Wound	**PS** Potential Saliva	**WL** Wood's Lamp⊕
DS Dry Secretion	**LA** Laceration	**SHX** Sample Per History	

Locator #	Type	Description

Patient Identification

Diagram K

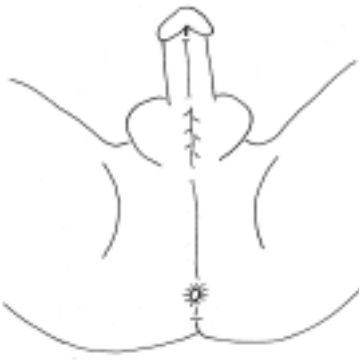


Diagram L

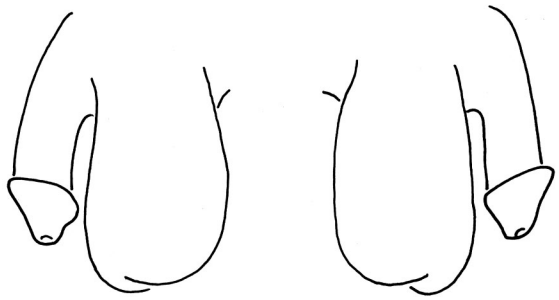


Diagram M

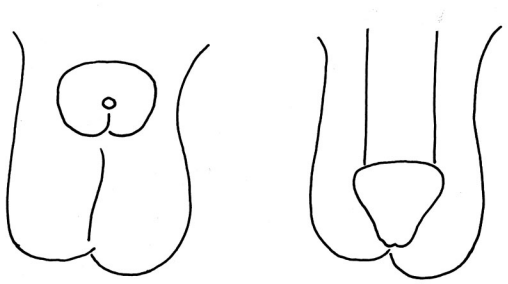
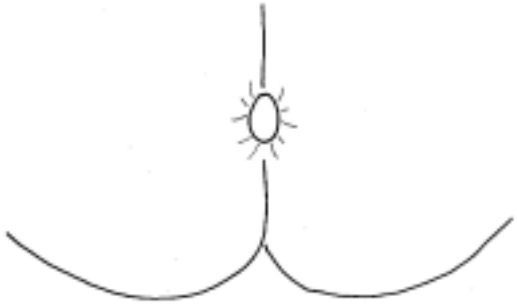


Diagram N



RECORD ALL SPECIMENS COLLECTED ON PAGE 8

L. EVIDENCE COLLECTED AND SUBMITTED TO CRIME LAB

1. Clothing placed in evidence kit	Other clothing placed in bags

2. Foreign materials collected

	No	Yes	Collected by:
Swabs/suspected blood	☐	☐	
Dried secretions	☐	☐	
Fiber/loose hairs	☐	☐	
Vegetation	☐	☐	
Soil/debris	☐	☐	
Swabs/suspected semen	☐	☐	
Swabs/suspected saliva	☐	☐	
Swabs/Wood's Lamp⊕ area(s)	☐	☐	
Control swabs	☐	☐	
Fingernail scrapings/cuttings	☐	☐	
Matted hair cuttings	☐	☐	
Pubic hair combings/brushings	☐	☐	
Intravaginal foreign body	☐	☐	
If yes, describe:			
Other types	☐	☐	
If yes, describe:			

3. Oral/genital/anal/rectal samples

	# Swabs	# Slides	Time collected	Collected by:
Oral				
Vaginal				
Cervical				
Anal				
Rectal				
Penile				
Scrotal				

Aspirate/washings (optional) ☐ No ☐ Yes

4. Vaginal wet mount slide

	No	Yes	Time	Examiner:
Slide prepared				
Motile sperm observed				
Non-motile sperm observed				

M. TOXICOLOGY SAMPLES

	No	Yes	Time	Collected by:
Blood alcohol/toxicology (gray top tube)				
Urine toxicology				

N. REFERENCE SAMPLES

	No	Yes	Collected by:
Blood (lavender top tube)			
Blood (yellow top tube)			
Blood Card (optional)			
Buccal swabs (optional)			
Saliva swabs			
Head hair			
Pubic hair			

O. PHOTO DOCUMENTATION METHODS

	No	Yes	Colposcope/ 35mm	Macrolens/ 35mm	Colposcope/ Videocamera	Other Optics
Body	☐	☐	☐	☐	☐	☐
Genitals	☐	☐	☐	☐	☐	☐

Photographed by:

Patient Identification

P. RECORD EXAM METHODS

	No	Yes		No	Yes
Direct visualization only	☐	☐	Toluidine Blue Dye	☐	☐
Colposcopy	☐	☐	Anoscopic exam	☐	☐
Other magnifier	☐	☐	Anal speculum exam	☐	☐
Other	☐	☐			

If yes, describe:

Q. RECORD EXAM FINDINGS

☐ **Physical Findings** ☐ **No Physical Findings**

R. RECORD ASSESSMENT OF FINDINGS

☐ Exam consistent with history
☐ Exam inconsistent with history

S. SUMMARIZE FINDINGS

T. PRINT NAMES OF PERSONNEL INVOLVED

History taken by:	Telephone:
Exam performed by:	
Specimens labeled and sealed by:	
Assisted by: ☐ N/A	
Signature of examiner	License No.

U. EVIDENCE DISTRIBUTION	GIVEN TO:
Clothing (item(s) not placed in evidence kit)	
Evidence Kit	
Reference blood samples	
Toxicology samples	

V. SIGNATURE OF OFFICER RECEIVING EVIDENCE

Signature:_____

Print name and ID #:_____

Agency:_____

Date: Phone: